

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **684**

FILED JAN 19 1953
BIRTH NO. _____ REG. DIST. NO. **23** PRIMARY REG. DIST. NO. **3014** Registrar's No. **5**

6001

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty	
c. LENGTH OF STAY (in this place) 40 yrs.		d. STREET ADDRESS (If rural, give location) S. Main St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION S. Main St.		e. STREET ADDRESS (If rural, give location) S. Main St.	
3. NAME OF DECEASED (Type or Print) a. (First) Pearl		b. (Middle) Carter	
c. (Last) Carter		4. DATE OF DEATH (Month) (Day) (Year) Jan 15-53	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 15 1871
9. AGE (In years last birthday) 61	IF UNDER 1 YEAR 4 Months	IF UNDER 1 YEAR 0 Days	IF UNDER 1 HR. 0 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY House work	11. BIRTHPLACE (State or foreign country) Smithville Missouri	12. CITIZEN OF WHAT COUNTRY? USA.
13a. FATHER'S NAME Labron Coops		13b. MOTHER'S MAIDEN NAME Ellen Anderson	
14. NAME OF HUSBAND OR WIFE Orange Carter		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Eugene Brooks ADDRESS Liberty, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burned to Death. ANTECEDENT CAUSES DUE TO (b) Throwing Coal Oil on live Coals, DUE TO (c) followed by explosion + fire. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E91600 16	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		600	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Liberty Clay Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8 A. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) D. J. Pate, M.D., Coroner		23b. ADDRESS North Kansas City, Mo	23c. DATE SIGNED 1/15/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 17-53	24c. NAME OF CEMETERY OR CREMATORY Fairview	24d. LOCATION (City, town, or county) (State) Liberty, Mo.
DATE REC'D BY LOCAL REG. Jan 17 1953	REGISTRAR'S SIGNATURE Minnie Hayes	25. FUNERAL DIRECTOR'S SIGNATURE Church-Crews Co.	ADDRESS Liberty, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed John Lawrence

Licensed Embalmer No. 4448

P. O. Address Liberty, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.